## **CANDIDATE ADVERTISEMENT AGREEMENT FORM**

See <b>Order</b> for proposed schedule and charges. See <b>Invoice</b> for actual schedule and charges.				
, Red Rebel Media	, hereby request station time as follows:			
IDENTIFY CANDIDATE TYPE	ERAL CANDIDATE E OR LOCAL CANDIDATE			
ALL QUESTIONS/BLOCK	S MUST BE COMPLETED			
Candidate name:				
Sändra Washington				
Authorized committee:				
Washington for Lincoln Committee				
Agency requesting time (and contact information):				
✓ N/A				
Candidate's political party:				
Democrate				
Office sought (no acronyms or abbreviations):				
Lincoln City Council				
Date of election: 5/4/21	✓ General Primary			
Treasurer of candidate's authorized committee:				
Cheryl Schoneweis				
The undersigned represents that:				
(1) the payment for the broadcast time requested has been fur	<b>№</b> 200			
the candidate listed above who is a legally qualified candidate, or				
the authorized committee of the legally qualified candidate listed above;				
(2) this station is authorized to announce the time as paid for by such person or entity; and				
(3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion and other sales practices.				
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.				
Candidate/Committee/Agency	Station Representative			
Signature:	Signature:			
- fl	per			
Name: Michael Semrad	Name: Katie Philippi			
Date of Request to Purchase Ad Time: 4/29/21	Date of Station Agreement to Sell Time: $4 29 2 $			

Federal Candidate Certification:  The undersigned hereby certifies that the broadcast matter to be aired pursuant to this disclosure either (1) does not refer to an opposing candidate or, if it does, (2) contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast and that the candidate and/or the candidate's authorized committee paid for the broadcast or if radio programming, contains a personal audio statement by the candidate that identifies the candidate, the office being sought and that the candidate has approved the broadcast.					
Candidate/Authorized Committee/Ag	gency				
Signature:					
Name:					
Date:					
TO E	BE COMPLETED BY STATION ON	NIX			
Ad submitted to Station? Yes	No				
Date ad received: 4 29	2				
Federal candidate certification signed (above):  Yes  No  N/A					
Disposition:  Accepted  Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)*  Rejected – provide reason (optional):					
*Upload partially accepted form, then promptly upload updated final form when complete.					
Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):					
Contract #: 554 302C S	Station Call Letters: KT6L	Date Received/Requested: 4/20/21			
Est. #:	Station Location: LTM COIN , NE	Run Start and End Dates: 4130 - 514/21			
Upload order, this form and invoice (or traff use this space to document schedule of tim purchased or attach separately. If station wi of a contact person who can provide that in the OPIF.	fic system print-out) or other documents r ne purchased, when spots actually aired, t ill not upload the actual times spots aired	the rates charged and the classes of time until an invoice is generated, the name			

## CONTRACT



Alpha Media 3800 Cornhusker Highway Lincoln, NE 68504

And:

**Red Rebel Media** 1246 Washington Street Lincoln, NE 68502

	Contract / Do	violon		Alt Order #		
	Contract / Re 554302C	/		All Order #	<u>-</u>	
	0043020	I.				
Advertiser			Or	ginal Date	/ Revision	
Pol21/Washington for City Council - Red		0	4/29/21	/ 04/29/21		
Contract Dates	Estimate #					
04/30/21 - 05/04/21						
Product						
General Election 2021 Scl	nedule					
	Billing Cycle	Billing Calendar		endar	Cash/Trade Cash	
	EOM/EOC	Broado	Broadcast			
	Property	Account Executive House Lincoln		xecutive	Sales Office	
	KTGL-FM			coln	Local-Lincoln	
	Special Handling					
	Demographic					

Households Agy Code Advertiser Code Product 1/2 Agency Ref Advertiser Ref

*Line Ch Start Date End Date Description	Start/End Time	Spots/ Days Length Week	Rate Type:	Spots	Amount
N 1 KTGL 04/30/21 05/04/21 Mo-Fr 6a-7p  Start Date End Date Weekdays Spots/Week  Week: 04/26/21 05/02/214 4	6a-7p <u>Rate</u> \$43.00	:30	NM	12	\$516.00
Week: 05/03/21 05/09/21 44 8	\$43.00				
N 2 KTGL 04/30/21 05/02/21 Sa 6a-7p  Start Date   End Date   Weekdays   Spots/Week    Week: 04/26/21 05/02/214- 4	6a-7p <u>Rate</u> \$24.00	:30	NM	4	\$96.00
N 3 KTGL 04/30/21 05/02/21 Su 6a-7p  Start Date End Date Weekdays Spots/Week  Week: 04/26/21 05/02/214 4	6a-7p <u>Rate</u> \$14.00	:30	NM	4	\$56.00
		Totals		20	\$668.00

Totals

**Net Amount Gross Amount** Agency Comm. Time Period # of Spots \$567.80 04/26/21 \$668.00 (\$100.20)-05/04/21 20 Totals 20 \$668.00 (\$100.20)\$567.80

Signature:	Date:	
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